

## Asylum: a magazine for democratic psychiatry in England

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Chapter 13 in [Basaglia's International Legacy: From Asylum to Community](#) Edited by Tom Burns and John Foot, Oxford University Press.

Most accounts of Franco Basaglia and Psichiatria Democratica<sup>1</sup> tend to focus on the closure of the Asylums. Whilst this was clearly important, it would be a mistake to see the movement's impact solely in terms of legal and administrative changes in 'managing the mentally ill'. The movement provided inspiration and motivation to a new generation of mental health workers and activists keen to initiate social change - beyond dismantling the Asylum system. Whilst Psichiatria Democratica may have had little influence on mainstream British psychiatry, a significant number of mental health professionals, workers and activists in England took an active interest in the movement, especially Trieste, where the movement had its most profound impact. Arguably, Trieste played a significant role in radical mental health movements in England, both symbolically and physically (Harrington, 2008; Crossley, 1999). Most notably, it directly inspired *Asylum*: a quarterly 'magazine for democratic psychiatry' which was established in 1986. (The rest of this chapter just refers to it as *Asylum*).

This chapter uses my research into the first 30 years of *Asylum* to explore how it functioned – and, I argue, still functions - as a concrete legacy of Psichiatria Democratica. Although I wasn't involved in setting up the magazine, I have been part of its editorial collective for over 20 years and am currently its managing editor. This gives me a unique vantage point through which to analyse these developments. I will use the contents of the magazine to explore the movement's influence on the UK mental health field<sup>2</sup>. Mirroring Psichiatria Democratica itself, where the movement was much stronger in Northern Italy, much of this influence occurred in the North of England where I highlight some specific developments. I

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<sup>1</sup> Psichiatria Democratica was the name of the organisation set up to pursue the aims of the movement, but I use it here as shorthand for the movement as a whole.

<sup>2</sup> Rather than listing each article in the reference list, I refer to the author in the main text, and reference the issue of *Asylum* in which the article appeared.

will suggest that *Asylum* continues the struggle for democratic psychiatry, adapted for contemporary times. I have reservations about reinforcing the status of an individual male psychiatrist, Franca Basaglia, as so central to the movement, especially since he died before most of the major changes and impact occurred.<sup>3</sup> However, given the focus of this book, and the importance of Basaglia's writing to the movement, I will reference his work to make this case.

## **The Creation of *Asylum* magazine**

Despite *Psichiatria Democratica*'s apparent lack of influence on mainstream British psychiatry, some psychiatrists and mental health professionals did take an active interest in the movement. For example, Alec Jenner was 'one of the first psychiatrists in the UK to take a serious interest in the [Italian] movement' (*Asylum*, 7.2: 29). Based in Sheffield in the north of England, Jenner was not known as a radical or an anti-psychiatrist. He had been a research biochemist, was involved in many trials of psychiatric drugs, and controversially helped introduce Benzodiazepines into psychiatry. Yet he was intrigued by the radical psychiatrists and open-minded enough to think they might have something to offer. As such, he became acquainted with R.D. Laing and other psychiatric radicals. He also took a keen interest in the international politics of psychiatry. For example, he initiated professional protests against the use of psychiatry in oppressing political dissidents in Russia (*Asylum*, 16.1: 9 2007). He visited Trieste a number of times and was impressed by what he saw and heard. He was initially reassured that *Psichiatria Democratica* 'did not deny the reality of mental disorder, or the effectiveness of anti-psychotic drugs' (*Asylum*, 20.1: 9: 2013). However, but he wanted to 'put medical hegemony under scrutiny' and 'pose questions about the appropriate borders of medicine, to learn from others and shake up ourselves from any complacency' (*Asylum*, 16.1: 2; 2007). In particular, he wanted to raise awareness about the movement in the UK.

It is important to note that there was very little of Basaglia's writings available in English until 1987 when Nancy Scheper-Hughes and Anne Lovell's inspired selection of his work was published as *Psychiatry Inside Out*. Moreover, Basaglia

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<sup>3</sup> See my critical appreciation of John Foot's *The Man Who Closed the Asylums* (Spandler, 2016).

died in 1980, before interest in the movement took off in the UK. Although Basaglia left behind a powerful legacy, misinformation and misunderstanding about the movement grew. Therefore, Jenner, and Shula Ramon<sup>4</sup> (a social work academic based in London), organised a visit to the UK of four Italian mental health professionals from Trieste who were active members of *Psichiatria Democratica*. At various events in England during March-April 1984 they spoke about the movement and led discussions about it in Manchester, Sheffield and London.

Lyn Bigwood<sup>5</sup>, a psychiatric nurse and active trade unionist in York, heard about the Italian's visit and contacted Jenner. After talking with her, Jenner persuaded a couple of the Italian visitors to stay on to speak at a conference she was organising in Wakefield. The event was for 'rank and file' Health and Social Service workers to discuss the implications of closing the mental hospitals and emerging community care policies. The conference ended up being 'dominated by reports and discussions of the Italian experience of just such a policy' (*Asylum*, 1986, 1.1: 2). At the end of these discussions, a decision was made to set up a magazine to introduce and promote the idea of democratic psychiatry to a British audience. The three co-founders: Jenner, Bigwood and her partner, Phil Virden<sup>6</sup> established *Asylum* to continue discussions and debate the possibilities of democratic mental health care in the UK. The Department of Psychiatry at the University of Sheffield had made a slight profit from the visit which Jenner was able to use to start publishing the magazine. It was produced with the help of a small group of Yorkshire-based mental health workers, ex-patients and other interested parties. Appropriately, given its connections to *Psichiatria Democratica*, the magazine was printed by a local worker-ex-patients' co-operative for a number of years.

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<sup>4</sup> Ramon was another key individual who helped introduce the Italian developments to a UK audience. She advocated for similar changes in UK mental health services and often defended the movement (e.g. Ramon, 1989).

<sup>5</sup> From 1983 Bigwood had been trying to expose two Yorkshire-based psychiatrists who were systematically sexually abusing female patients. It took 20 years for these allegations to result in a formal investigation, the Kerr-Haslam Inquiry, which vindicated her claims, but Bigwood had been bullied, demoted and subsequently sacked over her allegations (*Asylum*, 2006: 15.1).

<sup>6</sup> Phil Virden was a former Sociology lecturer at York University who was illegally sacked under the Thatcher era.

Jenner worked with, and mentored, another psychiatrist, Tim Kendall, who also took an active interest in the Italian situation (see Kendall, 1996). He was acutely aware of the 'particularly negative' views of Trieste expressed by the British psychiatric establishment and decided to visit and see the situation for himself (see Kendall, 1996). He recalled that he 'slept, ate, breathed' Trieste for three weeks in 1985. The psychiatric establishment in the UK often argued that the Italian developments only *appeared* impressive because the situation in Italy prior to the changes were so appalling, and much worse than the situation in the UK. However, Kendall's experience of British psychiatry at the time suggested that it wasn't much better. He was working in an acute psychiatric ward in a general hospital, and on a long stay ward in the old mental hospital in Sheffield. He observed the terrible conditions of patients including their physical abuse and neglect. In comparison, he felt the reforms inspired by *Psichiatria Democratica* had had a positive impact on Italian mental health care.

That same year, 1985, the *British Journal of Psychiatry* had included a number of what Kendall called 'misinformed, outspokenly critical and at times frankly scornful' accounts of what it called the 'Italian experience' (Kendall, 1996). Rectifying this situation was undoubtedly one of Kendall's motivations for being involved in *Asylum* magazine. The title 'Asylum' was suggested by Barbara Jenner, Alec's wife<sup>7</sup>. It was seen as an ironic nod to the name of the journal which preceded the *British Journal of Psychiatry*<sup>8</sup>. At first glance, the title may seem at odds with the Italian movement's focus on *dismantling* the Asylum system. However, the name was an attempt to reclaim Asylum's original Greek origins as a place of sanctuary and refuge, a space that cannot be violated. Moreover, the magazine was intended to be as much a sanctuary for unpopular, controversial and disturbing *ideas*, as for disturbed and disturbing *people*. Jenner and Kendall were both involved in the early years of the magazine. Jenner for many years, until ill-health forced him to retire, whilst Kendall went on to take up various senior level positions with the *National Institute of Clinical Excellence* and the *Department of Health (NHS England)*. Although their paths

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<sup>7</sup> Barbara Jenner was a frequently supportive presence at editorial meetings which were usually held at her and Alec's farmhouse outside Sheffield. Like Franca Ongaro, she is probably another unsung hero in this story.

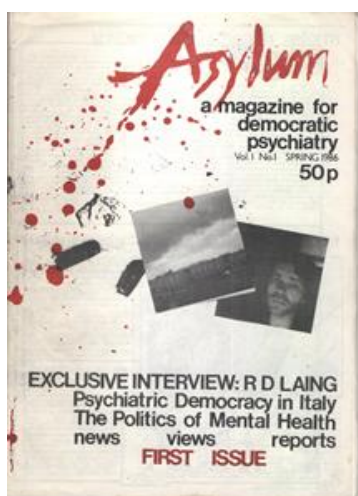
<sup>8</sup> It was initially called the *Asylum Journal* (1853 - 1855); then the *Asylum Journal of Mental Science* (1855 - 1857), the *Journal of Mental Science* (1858 - 1962); and the *British Journal of Psychiatry* (1963-present).

diverged, both Jenner and Kendall kept up contact with their Italian counterparts. Therefore, it is possible that the movement did influence some aspects of psychiatry, albeit less directly and explicitly.

The magazine's indebtedness to *Psichiatria Democratica* is clearly signalled by its subtitle, 'a magazine for Democratic Psychiatry', and later (in 1993), *the* magazine for democratic psychiatry. This was also clear in its mission, recalled by Jenner in 2002:

Our aim was... to struggle towards achieving what we thought was the best of the system in Trieste in the late eighties. There the great Asylum San Giovanni was now a complex of apartments for ex patients, with art studios for everyone, space for theatres and cinema performances and a *perpetual discussion of what more could be done to humanise mental health services* (emphasis added) (<http://asylummagazine.org/home/history-of-asylum-magazine/>)

The central idea was to create a forum for open, on-going debate and discussion about what democratic mental health services might look like, especially if they were organised and controlled by the people most effected, especially workers 'on the ground' and service users, not just hospital managers and doctors. The first issue of the magazine was published in Spring 1986 and its editorial explained its roots in *Psichiatria Democratica*, for which it expressed explicit admiration:



This first issue included numerous articles about the politics of mental health, including articles by Jenner about Franco Basaglia and the Italian mental health reforms. It also included an article by Givoanna Battaglia, a psychiatric nurse in Trieste, who gave an illuminating description of the complex process involved in nurses being re-located from the hospitals into the community and the ideological shifts and learning involved.

Later, *Asylum* included features about mental health services in other countries that had been influenced by Psichiatria Democratica. For example, it included an article about Sicilian villages where 'the whole population accepts 'madness' and the people manage to live together' (*Asylum*, 4.1: 10: 1990). It also included an article about Liege Belgium, which had close links with Trieste (*Asylum*, 5.1: 6-8: 1991). More recently, it included an article about a Brazilian mental health program in Santos which was inspired by the Basaglian experience of a left-wing Government striving for radical change in mental health services beyond an individual clinical approach (*Asylum*, 13.3. 21-23: 2002). The next section focuses on developments in England where Trieste seemed to offer a both a philosophical system and an alternative model of practice than what was being developed in the UK.

### **Trieste as inspiration for service developments in England**

The closure of the old asylums was not a new policy in the UK. Psychiatric hospitals had been discharging long-stay patients from the 1960's onwards. However, there were concerns about this policy being accelerated in the 1980's under a cost cutting and highly individualistic Conservative Government. Given the devastation that this Government was inflicting on industrial working class communities, there were concerns about what their policies would do to mental health care. Many mental health workers and activists in the North of England had actively supported the long and courageous, but ultimately defeated, 1984-5 Miners' Strike. Indeed many had families directly involved in the strike. They were anxious that patients might be liberated from the old mental hospitals, but end up being isolated, stigmatised and unsupported in the community. Government policy of closing the old Asylums might have seemed similar to the situation in

Italy. However, mental health care under Thatcherism would be very different from the collective provision and workers co-operatives that were the hallmark of services in Trieste.

In this context, activists looked to Trieste to see how community care could be implemented differently i.e. if they were underpinned by a socialist ideology of collectivism, social responsibility and co-operation. Trieste was seen as more politically progressive than Laing's more individualised approach which had been popular amongst radicals in the 1960 and 70's. Laing's approach had been criticised for its conservative undercurrents by the socialist scholar Peter Sedgwick in his influential book *Psychopolitics* (Sedgwick, 1982). Many mental health workers who had been radicalised in the 1960's/70's were looking for genuine workable alternatives to the mental health system. In Trieste they found a system 'they could connect with, one which articulated their concerns in a coherent form' (Crossley, 1999: 814).

Jenner's article in the first issue of *Asylum* Jenner bemoaned the absence of any 'clearly formulated principles and policies' in the UK for creating 'realistic new ideas or understanding and caring for emotionally distressed people' (*Asylum*, 1.1: 3). He claimed that the 'medical model' in the UK had 'merely been reproduced outside of the hospitals with people 'maintained' on long-term drug therapy, the occasional visit from a community nurse and a ten minute out-patient appointment' (ibid). Many aspects of Trieste appealed to workers and activists who shared his concerns. In particular, they were inspired by the creativity, optimism and sense of community in Trieste. After all, these very qualities were being attacked in the Thatcher years in the UK.

Jenner visited Trieste in August 1985 and recalls how:

"We were impressed by the political outlook and inclusive services in Trieste and the inspiration of the Basaglias. Amongst other things there we saw the importance of offering to everyone the cultural riches of the arts, entertainment, sport, and freedom of expression. They wanted society in general to be made aware of the mental health services and the human needs

involved. Perhaps more importantly they produced an atmosphere of optimism, and celebration, a conviction too that [by] working together much can be achieved and richly enjoyed. Everyone could also be shown that we are all part of the problems in our own society” (*Asylum*, 16.1: 2, 2007).

Activists were impressed by practices like the assemblies in Trieste where, at least in theory, everybody involved in the services had a right to speak their mind. These various forums for debate were key to the collectivisation of responsibility, accountability and anti-institutional practice. These practices had been adapted from therapeutic community ideas and practices in the UK. Jenner was attracted to the idea of making the society therapeutic, rather than isolating and excluding patients from society and creating psychoanalytically informed mini ‘therapeutic community’ institutions. Jenner recalled wanting to imitate the development of Italian democratic psychiatry in the UK (*Asylum*, 2013, 20.1: 9). He even tried to convince the University of Sheffield’s Department of Psychiatry (where he was based) to run a service modelled on Trieste in the more deprived areas in Sheffield:

‘because I was very influenced by the Italian idea that . . . a psychiatric service should be part of the community . . . It shouldn’t allow people to ignore what was perhaps causing a lot of the problems which was social and interaction with other people. And the only way to do that was to implant it in a real community” (ibid).

Whilst this proposal didn’t materialise, Jenner, Kendall and colleagues attempted to democratise local services and believed in the movement’s emphasis on the ‘right of the patient to be part of the debate about their own treatment’ (*Asylum*, 2013, 20.1: 9). It is worth noting that whilst service user involvement is more accepted in the UK now, even if it is still under-developed, it was very much in its infancy in the early 1980s. As Kendall later recalled: “during its early years. *Asylum* magazine was viewed by the psychiatric profession as scandalous. The idea of spending much time listening to patients – let alone listening to their views on mental disorder or psychiatry – was anathema” (*Asylum*, 2016, 23.2: 3)



*Asylum* drew in others who were inspired by Trieste. Most notably a group of mental health workers and activists across the Pennines in Manchester who were also trying to democratise local mental health services. For example, members of the Asylum editorial collective included workers from a new Resettlement Team in Harpurhey, North Manchester set up to 'resettle' patients from Springfield psychiatric hospital in 1987. Like Gorizia, when Basaglia first arrived and where he initiated the movement (Foot, 2015), Springfield hospital desperately needed change. Its physical conditions were described as appalling and its practices were considered controlling and oppressive (Harrington, 2009). The Resettlement Team was made up of a small number of nurses and support workers who were re-deployed from Springfield hospital. One of the Resettlement workers was Mark Greenwood, a psychiatric nurse, and an active member of the Asylum collective. He explained that the first activity the new team undertook was a week-long overland trip to Trieste by minibus. He recalled that they didn't want to be just simply a 'small micro-project' but wanted to be part of a much bigger global movement for social change:

"we were very excited by that, you know, we were very sort of fired up by that...[We] proposed, I'm not quite sure where it came from, but we came up with the idea that the new team, which was sort of ten, eleven of us, would spend the first week of our working together, it amazes me to think that we had the resources to do this, but we went to Trieste ... and we organised a very, very memorable trip overland in a mini-bus all the way to Trieste... One of their co-operatives ran a hotel and we were put up on people's floors and stuff, and we met other people who were there (in Harrington, 2008: 245).

According to Greenwood, this visit had a profound impact on the group and became a major influence on how they would go on to frame their practice:

We were kind of blown away with what we saw. [It was] very much, I suppose, how people would go to kibbutz in the '70s and '80s and be inspired by what they saw... It kind of honed up...it was deeply influential because it gave us lots and lots of ideas... The predominant influence [was] the ideology that you transferred resources from a hospital base into a

community...rather than you just simply settled onto a community and drained the community's resources. That was a very...crucial part of our thinking. (in Harrington, 2008: 245)

In other words, they wanted to harness the resources that had gone into the Psychiatric Hospital and ensure that they directly benefited the communities where patients would be re-settled. In addition, echoing Trieste, some of the workers were involved in writing practical proposals such as the idea of fully integrated Community Mental Health Teams, offering a 24-hour, open access service which would eventually replace all hospital-based acute facilities (Harrington, 2008). However, not everyone in the team shared their values and, according to Harrington (2008), this led to a fundamental tension. On the one hand, the 'radicals' saw the resettlement team as just one element in a much broader 'Trieste-like' project to break the power of the hospitals and transfer resources into community. On the other hand, the more 'conventionals', still framed the service in terms of traditional professional values and saw the resettlement team as constituting a discrete service for a particular group of clients, connected only tangentially to broader social movements (ibid). This division mimicked the splits that were also apparent in the Italian situation. It also suggests that although the movement's impact was significant, it was certainly not widespread and it didn't go unchallenged.

Radical mental health workers and academics organised a number of subsequent trips to Trieste over the next few years. For example, *Asylum* included an advert for an 'opportunity to take part in an organised visit to Trieste to see at first hand the work of the mental health service' which would take place in May 1993 (*Asylum*, 7.1: 7, 1992/1993). This was organised by the third sector campaigning organisation, the *Manchester Alliance for Community Care*, some whose members were involved in *Asylum*.

It may be that Psichiatria Democratica's influence was strongest in the North of England. For example, *Asylum* magazine has always been produced by a collective mostly based in the North of England (primarily Sheffield and Greater Manchester). In addition, the Resettlement team was not only in Manchester, but in the more

socially and economically deprived North of the city, rather than in the more prosperous and seemingly fertile environments in the South. This is important not only because radical developments are often portrayed as London-centric, but also for what it means about the conditions for this kind of innovation. Harrington has suggested that Springfield Hospital's position as a marginalised and neglected institution may have created the conditions for this kind of innovation (Harrington, 2009). Rather like the situation in Gorizia when Basaglia first arrived there, Springfield hospital's relatively marginalised, peripheral and neglected position – away from regulation and influence from more mainstream psychiatric developments – may have allowed activists more freedom and opportunity to innovate (Harrington, 2009). It is beyond the scope of this chapter to fully understand Trieste's impact or influence on services. However, it is important not to overstate the influence of Trieste on these developments. Other influences were also important. For example, socialist feminist public health officers were an important influence on radical developments in North Manchester at the time.<sup>9</sup>

Whether *Psichiatria Democratica* had any lasting impact on service development in the UK is difficult to discern. However, it certainly had a significant impact on the consciousness and confidence of a group of mental health activists eager to create social change. The 'pilgrimages' to Trieste didn't just inspire *Asylum* magazine or specific service developments. The connections made with, and within, Trieste played an important part in galvanising international networks of activists (Crossley, 1999).

### **A broader network of mental health activists**

The international lure of Trieste is well-documented (see Donnelly, 1992). Crossley (1999) has suggested Trieste functioned as a 'working utopia' for mental health activists in 1980s and 1990's in the UK (as Kingsley Hall had earlier<sup>10</sup>). Working utopias embody concrete mini-realizations of the desires of a social movement. They are important to social movements because they boost the

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<sup>9</sup> See Harrington (2009) for a fuller account of the Harpurhey Resettlement Team.

<sup>10</sup> Kingsley Hall was the therapeutic community in east London associated with RD Laing and the Philadelphia Association in the 1960's/1970's

‘imaginative force’ of activists. This allows them to envisage the possibility of alternatives, providing them with added impetus to continue with their struggle for social change (Crossley, 1999: 814). For example, after his visit in 1985, Jenner commented that Trieste was ‘the most obvious remnant of the turbulent 1960’s’ (*Asylum*, 1986, 1.1: 4). It thus helped to keep alive some of the radical hopes of that generation.

Trieste became a meeting ground for key intellectuals with an interest in democratic psychiatry. Jenner recalls how it felt like ‘everybody went to Trieste’. He met key figures there who played a part in the emerging international intellectual anti-psychiatry scene. For example, he met Felix Guattari (co author of *Anti Oedipus*); Robert Castell (author of *The Psychiatric Society*); and David Cooper, the South African/British (anti)-psychiatrist and author of *Psychiatry and Anti Psychiatry* (Jenner, in Crossley, 1999: 822). Spaces like Trieste were not only important as concrete ‘working utopias’ which fed activist’s imagination. They also functioned as places for debate and discussion which created and sustained social networks of activists and this helped ‘make things happen’.

Arguably, Trieste played a role in the development of the international Hearing Voices movement. The Dutch psychiatrist, Marius Romme, and Sandra Escher talked about their research on hearing voices at the World Health Organisation (WHO) conference which was hosted by Trieste in 1988. Key activists who attended the event from the UK took up these ideas and helped translate them into action. They invited Romme and Escher to come to the UK to talk about their research and discuss emerging new approaches to hearing voices. Their subsequent visit to the UK was supported and sponsored by Jenner and led to the development of the Hearing Voices Network in the UK. Whilst the ideas underpinning an alternative approach to hearing voices were already forming, this connection helped ignite the movement. This is not to say that Trieste is responsible, or can take credit, for the international Hearing Voices movement. Credit for this must go to voice hearers themselves and their allies. However, it is an important part of the overall history of the movement.

## Critical engagement with Trieste

Mental health activists in the UK have been criticised for over-romanticising the situation in Italy, especially Trieste (Jones and Poletti, 1985). Indeed Crossley noted that his interviews with key mental health activists revealed 'frequent and often eulogistic' references to Trieste (Crossley, 1999: 811). However, whilst Trieste was clearly an inspiration to activists, it was not without criticism. For example, the first issue of *Asylum* also included a long and exclusive interview with R.D. Laing by Lyn Bigwood where he explicitly criticised Basaglia and the Italian movement (*Asylum*, 1986, 1.1: 13-21). Laing was cautious that the magazine didn't publish a 'put down on the Italian thing' especially as he was 'friends with some of them'. However, his objections were serious and note-worthy.

Laing thought Basaglia was a 'decent doctor', but he found him distinctly naïve in matters of serious mental ill-health. He took particular exception to the fact that Basaglia had taken charge of a mental hospital with little knowledge of psychiatry or the 'depths of human misery'. Laing noted that Basaglia had 'never been in a mental hospital in his life'. In addition, Laing thought the movement's alliance with the Communist Party was disastrous, not least because of Russia's chequered history of using psychiatry to oppress political dissidents (which Alec Jenner had highlighted). Laing criticised Basaglia for imposing a particular political ideology on patients with little understanding about their situation. As such, he accused Basaglia of adopting a rather 'sentimental' kind of Marxism which culminated in a lack of care and concern for patients. He gave the often cited example of the long stay 'catatonic schizophrenic' patient who was discharged from hospital to live with his mother who could not cope and was accused of his murder after he died in her house due to neglect. Laing suggests he was 'not just let out of the door, but kicked out of the door'. He is unequivocally scathing about this situation: 'That's no solution...that is not psychiatric revolution. That is no progress. I disassociate myself from the Italian experiment in that sense, totally' (*Asylum*, 1986: 1.1: 15)

It was not only Laing, who expressed criticisms of the movement. Ian Parker, who would later to become another member of the *Asylum* collective, was amongst another group of about ten people to visit Trieste in May 1988, ten years after Law

180 had been passed. This visit was planned in order to speak to people involved in the community mental health centres and by this time San Giovanni was functioning as one of the community centres, which included a café, and a workers co-operative. Parker was generally impressed by the visit and appreciated the barriers faced by the movement in making radical changes. However, he also recalled dimensions of the Trieste experience that some visitors found problematic. For example, the lack of attention to questions of culture, gender and curiously, given the influence of Marxism in Basaglia's thinking, social class (see also Signorelli, 2015).

Parker recalls observing that even in the so-called 'democratic' spaces, the male psychiatrists, especially those with a charismatic presence, did most of the talking. Moreover, he got the impression that it was rather naively assumed that just putting patients back to work would solve their problem of integration into 'the community' which, in turn, was never really defined or interrogated. In addition, Jenner was also cautiously critical. For example, he suggested that "perhaps it was the great mistake of Basaglia's and the Italian movement for Democratic Psychiatry, the original leaders of the movements, that they said it was cheaper as well as better" (*Asylum*, 2002: 13.3: 23). As we shall see later, many of these concerns were echoed by psychiatric survivors.

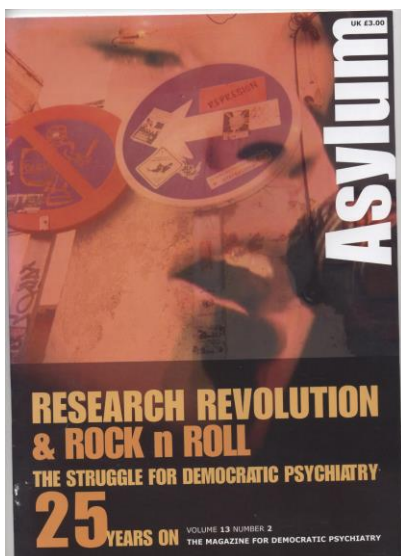
Notwithstanding these important criticisms, however, the magazine continued to take inspiration from the movement. For example, a later editorial (*Asylum*, 1991: 5.1: 9) refers to 'the unique national reform of psychiatric care in Italy' as 'the vanguard of state provision with a human face'. The editorial concluded that 'there is much to be learnt from Italy's example'. Later it included articles defending the Italian reforms. For example, Mark Greenwood argued that it was 'important not to confuse the financial crisis of state funding for mental health services, with the perception that community care is failing in Italy as a result of the impracticality of law 180. The two issues should be kept separate if a clear analysis is to emerge about what is going on' (*Asylum*, 1993: 7.3: 28).

## **Beyond mental health service reforms**

Another consistent theme in *Psichiatria Democratica*, and one that animated Basaglia's work, was the importance of changing society's relationship with madness. In other words, not just focusing on reforming mental health services, but radically changing society to accommodate madness and finding new ways for the mad to be in society. This theme was emphasised more strongly when Terence McLaughlin, an activist in the Manchester Hearing Voices Network, took over editing the magazine at the turn of the millennium (2000-2006). He was undoubtedly very familiar with Basaglia's work, and clearly appreciated the magazine's heritage. Most notably, McLaughlin embodied Basaglia's radical spirit, especially his dialectical revolutionary zeal. For example, he wrote in one of his editorials:

"Inspired initially by the movement *Psichiatria Democratica* and, we argue, still has a historical mission...We clearly still believe, along with Basaglia, that as much as the power to repression and conformity looms, as divisions are explored, the possibilities for political change are deepened" (*Asylum*: 2001, 12.2, 3)

In 2002 (13,2), *Asylum* included a special feature about 'the struggle for Democratic psychiatry: 25 years on'.



At this time, UK mental health activists were campaigning against proposed changes to mental health law and specifically the introduction of Community

Treatment Orders. In his editorial, 'The Trieste Experiment revisited', McLaughlin expressed his hope that demonstrations and activism 'will be reminiscent of the spontaneous assemblies of the Trieste Experiment which unlike 'care plans' always got to the heart of the matter – to find a community alternative to exclusion'. (*Asylum*, 2002: 13.2: 3) In particular, he highlighted the importance of Basaglia's wider vision of social change, and his fear that developments would ossify into mere legal reforms:

"While Trieste remains a beacon for community mental health services internationally, the asylum closing policies of Thatcher and Reagan during the same period combined to give both 'community' and 'care' a bad name. However, the virtual extension of the walls of the asylum into the community – the recuperation of coercion and exclusion by other means – came as no surprise to the democratic psychiatry movement led by Franco Basaglia. The law was not the endgame (in fact the law was a compromise). The real struggle was ideological, against the class nature of exclusion and for the decriminalisation and depsychiatization of irrationality and distress. The Trieste Experiment taught how the sane only hold a temporary truce against madness" (ibid)

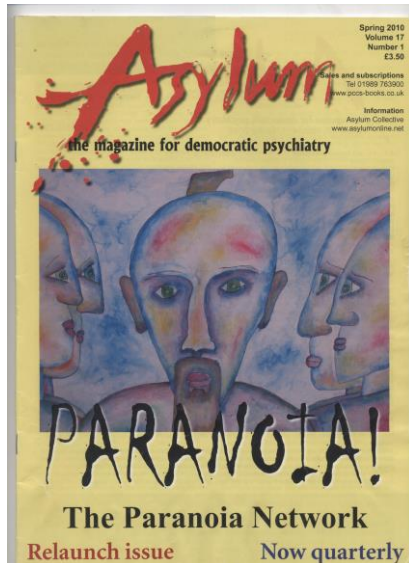
A few years later, *Asylum* included a special feature about Soteria House, a pioneering minimal medication therapeutic community for that had existed in the US for people experiencing 'first episode psychosis' (*Asylum*, 2006, 15.2). A number of activists were campaigning for a Soteria House in the UK. McLaughlin took a typical and explicitly 'Basaglian' position on this. Basaglia had argued that therapeutic communities were important in increasing our understanding of how mental patients are scapegoats for a society riddled with contradictions. However, he was clear that the ultimate aim was to deprive society of any places created to internalise its contradictions (Basaglia, 1987). In other words, therapeutic communities should be merely 'transitional' projects, not ends in themselves. McLaughlin's editorial, entitled 'Critical Soteria', argued:

'the focus should be less about creating (Soteria) 'houses' and more about housing – more about changing social contradictions and



relationships...maybe it is about building Soteria Communities – the struggle for equality and democratic rights’ ‘Hopefully, this is not seen as a too simplistic expression of the Italian democrats position’ (*Asylum*, 2006: 15.2: 5).

### **Asylum and ‘democratic psychiatry’**



#### **Asylum re-launch issue (2010)**

When *Asylum* was relaunched in 2010 after a few years hiatus following McLaughlin’s untimely death, the re-formed editorial collective decided to keep its subtitle, ‘democratic psychiatry’, despite it coming under some criticism. For example, when the US radical psychiatrist Thomas Szasz was asked to offer his support for the magazine’s re-launch he said: “I regret that I cannot support the idea of a ‘democratic psychiatry’. For me, the issue is coercion versus non-coercion...Democratic psychiatry is a term associated with Basaglia’s Italian version of locking up mental patients” (*Asylum*, 2013, 20.1: 3). Szasz was arguably the most ‘anti psychiatry’ of all the radical psychiatrists and was opposed to any form of state mental health provision. Given his negative experience growing up in Communist Hungary, he was suspicious of any state intervention in individuals’ lives. He believed that distressed people should, if they wish, enter

into an entirely voluntary contractual agreement with private mental health providers<sup>11</sup>.

Phil Virden, one of the magazine's founders, returned to the collective to act as its executive editor. He defended the magazine's continued use of 'democratic psychiatry' as follows:

'Psychiatry' = the management of mental disorder; 'Democracy' = government by the people; 'Democratic psychiatry' = managing mental disorder by way of the democratic decisions of everyone involved. Obviously, this raises many questions. Hence ASYLUM magazine = a forum for debate. (*Asylum*, 2013; 22.2: 28)

Szasz' criticisms, however, were echoed by some psychiatric survivors. They thought the notion of 'democratic psychiatry' was an oxymoron due to psychiatry's complicity in coercion, detention and forced treatment. For example, when *Asylum* asked for other reader's views on the issue, two psychiatric survivors responded:

'When I first spotted *Asylum* on a bookstand at one conference – its subtitle was a reason for me to leave it where it was. It was only much later, after I was given a couple of issues and actually read them that I started liking the content very much. I know Democratic Psychiatry as an Italian political movement, with some significant achievements. Beyond that – the phrase itself has no meaning to me. It sounds like democratic slavery, democratic patriarchy or democratic apartheid. I think that theories and practices that are fundamentally wrong are best abandoned because no attributes will make them better'. (Jasna Russo, 2013<sup>12</sup>).

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<sup>11</sup> Despite, or perhaps because of Szasz's critique, *Asylum* devoted a whole issue to discussing his work when he died (20.1. 2013).

<sup>12</sup> [Asylum Quiz](#)

‘The idea of a “democratic psychiatry” has always perplexed me. I have heard it championed by Italian psychiatrists though never by Italian survivors. They are far more reserved about the democratic psychiatry movement and its legacy’. (Debra Shulkes, 2013<sup>13</sup>).

## **Trieste, Asylum and the Psychiatric Survivor movement**

As suggested above, whilst Trieste certainly inspired a number of radically inclined mental health professional in the UK, it was much less of an inspiration to the psychiatric survivor movement. Some survivor activists did find some of Basaglia’s writings helpful to their cause. For example, Frank Bangay, a key activist in early patient organisations like *Protection of the Rights of Mental Patients in Treatment (PROMPT)* and the *Campaign against Psychiatric Oppression (CAPO)* recalled some of Basaglia’s writings being of interest. For example, he recalls being impressed by Basaglia’s assertion that ‘psychiatrists acted like criminals in peacetime, like the Nazis were criminals in war time’<sup>14</sup>.

In addition, notable survivor activists from the UK visited Trieste. For example, Louise Pembroke, who was a key activist in many notable survivor organisations in the 1980’s and 1990’s in the UK<sup>15</sup>, was an invited speaker at a World Health Organisation (WHO) conference entitled “The Question of Psychiatry” held in Trieste in 1988<sup>16</sup>. However, whilst they were impressed with some of the reforms, and especially the informality of services in Trieste, they had some important criticisms. For example, some expressed concern about the seemingly (over)use of medication. At the WHO conference some activists organised a separate space to discuss survivor perspectives and decided to deface drug company sponsored posters which were displayed at the event as an objection to drug company involvement in proceedings. Like other critics, they were also sceptical

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<sup>13</sup> See: [Asylum Quiz](#)

<sup>14</sup> Personal communication with the author, 2018.

<sup>15</sup> Such as *Survivors Speak Out*, and the *Self-harm Network*.

<sup>16</sup> Also present were Alec Jenner (*Asylum*), Paul Baker (Manchester MIND) and Mary Boyle (author of *Schizophrenia: a Scientific Delusion?*).

of the central role played by male psychiatrists in the movement and the continuing reverence shown to Basaglia.

At least in theory, Basaglia had welcomed patient rebellion and criticism because it helped highlight and open up key contradictions that needed attending to (Foot, 2015). Moreover, the movement did support internal initiatives like a patient's magazine and some of its publications included patients' perspectives. For example, large sections of movement's key text *The Negated Institution* was written by patients, although it was edited by psychiatrists. However, the extent of service user involvement in Psichiatria Democratica is hard to assess. Moreover, the movement didn't appear to support, or benefit from, an autonomous patients movement, unlike in the UK and other parts of Europe and North America. An independent movement of service users or psychiatric survivors wasn't apparent in Italy, even in areas where the Psichiatria Democratica was strong.

Some Italian service users did visit the UK to talk about developments in Trieste (for example, at an event held at Camden Mind). However, they saw Psichiatria Democratica as primarily a movement of mental health professionals such as psychiatrists, psychologists and psychiatric nurses, not service users. This didn't endear them to UK service user activists who were demanding active involvement in mental health services and were setting up their own organisations. Not surprisingly, they took their primary inspiration from prominent patient activists and psychiatric survivor-led initiatives and movements. For example, networks and links forged around prominent patient activists like Judi Chamberlain<sup>17</sup> in the US and the Dutch Patients' Councils were more long-lasting and influential.

Understanding the extent of engagement with the broader survivor movement, or the reasons for the lack of engagement, is beyond the scope of this chapter. Suffice to say that Psichiatria Democratica was led by mental health workers and theirs' was a different, if related, struggle to the psychiatric survivors' demand for patient controlled services. Addressing the synergies *and* tensions between these two important struggles was – and still is - high on *Asylum's* agenda. As the

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<sup>17</sup> Judi Chamberlain wrote the book *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (Chamberlain, 1978). This had a very significant impact of the emerging patients' movement.

years progressed, *Asylum* kept its roots firmly within the broader philosophy of democratic psychiatry. However, it became as much influenced by the emerging survivor and Mad movements. For example, many survivor-led activist groups such as *Survivors Speak Out*, *the Campaign against Psychiatric Oppression* in the 1980's, and many others over subsequent years, including emerging Self-Harm; Hearing Voices and Mad Pride networks, used the magazine to express their views. Whilst explicit references to *Psichiatria Democratica* became less apparent, there are still examples which have a distinctly 'Basaglian' flavour. For example, the editorial in the special issue put together by Mad activists from Toronto included the following:

"There is no institution, big or small that can protect us from the violence and discrimination that we experience in this world. No government, no justice system, no asylum....I would rather live my whole life plotting to bring down the asylum than another moment propping it up". (*Asylum*, 2013: 20.4: 3).

Rather than Trieste inspiring the Mad movement, however, it is more accurate to say that *Psichiatria Democratica*'s vehement opposition to the segregation, discrimination and oppression of the Asylum system was shared by the emerging Mad movement. In addition, *Asylum*'s initial founding vision, inspired by *Psichiatria Democratica*, to create a forum for debate between workers and service users didn't fully materialise, except in a piecemeal form. For example, in the early years, Kendall and Jenner noted that 'sadly, professionals seem unenthusiastic about this debate and rarely send articles' (Kendall and Jenner, 1989: 571). Despite attempts to encourage Trade Unions and statutory mental health organisations to support and subscribe to the magazine, it has always had a relatively small circulation and limited reach.

Precisely because of this, the broader, and unfinished, project of democratic psychiatry remains central to *Asylum*. As a long-standing member of the *Asylum* editorial collective, and its current editor, I have followed and been influenced by

Psichiatria Democratica and Basaglia's work<sup>18</sup>. Therefore, I conclude this chapter by explaining how I think *Asylum* continues the struggle for democratic psychiatry today, adapted to contemporary concerns.

## The Struggle Continues



In its [30 year anniversary issue](#) *Asylum* included a cautiously positive appraisal of 'Trieste: Before & After' by Daniel Magalhães Goulart (*Asylum*, 23.3: 2016). Goulart, a Brazilian mental health activist and researcher, visited Trieste 30 years after his English predecessors in *Asylum* had done. He was similarly impressed by their open, informal & dialogic approach to mental health care and critical of the central role of psychiatrists and the assumed necessity of medication. He perceptively concluded:

'As with any social and political movement, what is most important is not its history but...what is yet to be achieved. If this story [Trieste] is still a source of inspiration, it is precisely due to the contradictions that it has

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<sup>18</sup> For example, I used Basaglia's critique of anti-psychiatric 'alternatives' that do not address their internal and external contradictions in my research about radical therapeutic communities in the UK ([Spandler, 2006](#))

been able to expose. Which inevitably still persist today'. (*Asylum*, 2016, 23.2: 21)

The current situation certainly poses unique new challenges, tensions and contradictions. For a start, the English mental health system has not only moved away from Asylum-based services, it is arguably moving away from community care-based services too. This suggests Basaglia's concern about creating new forms of institutionalisation is perhaps less of an imminent danger, at least in mental health. This is because there is little investment in long-term therapeutic community type services or long-term community care services and support structures. This situation, alongside the current policy focus on 'recovery' and 'social inclusion' through paid employment, could be seen as meeting the Italian movement's desire for wider social change 'beyond service reforms'. However, the situation is unlikely to be characterised as 'Basaglian', given the individualised, marketised and cost-cutting focus of its neo-liberal context, and the increased use of compulsion and coercion.

In this context, current tensions have emerged around the rise of new, alternative 'recovery' models, frameworks and policies. Many have argued that what began as a survivor-led 'recovery movement' has resulted in practices which are equally as oppressive as the ones they sought to replace. For example, the UK survivor organisation *Recovery in the Bin* have suggested that 'recovery' is increasingly imposed on service users and used as an excuse not to provide people with financial or social support, and fails to address wider societal conditions, inequalities and exclusions (*Asylum* 2016, 22.3<sup>19</sup>). Basaglia's warning is apposite here:

[Ideas] become fixed in pre-established patterns even though, having acquired their birthright through a repudiation of a particular reality, they should, as a safeguard against their becoming an element of oppression themselves, be constantly reverting to reality to reinvigorate the *spirit of renewal* that originally informed them. (Basaglia, 1985: 42)

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<sup>19</sup> See for example, [Recovery in the Bin: 20 key principles](#)

Basaglia argued that progressive mental health care innovations can only happen through continual crises and self-criticism. This, he maintained, is necessary to prevent premature 'resolutions' of on-going contradictions and tensions through a seductive new idea, model or project. He was especially worried that these efforts would become crystallised into new oppressive structures which ignore their own inevitable contradictions. Instead of ignoring or denying these contradictions, he argued that we should try to understand and confront them.

*Asylum* can be seen as an attempt to keep this 'spirit of renewal' alive by providing a space for on-going and new contradictions to be aired and discussed. Rather than championing a new idea, service or policy, it tries to maintain a space where alternatives can be discussed and critiqued. Crucially, this spirit demands critical attention to tensions *within* the project of democratic psychiatry itself<sup>20</sup>. For example, Psichiatria Democratica's lack of engagement with the depth and diversity of the psychiatric survivor movement. This is why *Asylum* foregrounds psychiatric survivor and Mad perspectives. Rather than surrendering itself to any illusions of a 'democratic psychiatry', nor creating a permanent substitute for psychiatry, *Asylum* tries to widen, strengthen and deepen the space for democratic dialogue. This means trying to remain open to criticism itself. Whether it achieves any of this is a moot point. But I believe keeping this spirit alive is Psichiatria Democratica's enduring legacy. Paradoxically, this must include scrutinising the demand for 'democratic psychiatry' itself.

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<sup>20</sup> See for example, [So what is democratic psychiatry?](#) by validconsent



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